

## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



June 25, 1976

ALL-COUNTY LETTER NO. 76-90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISIONS TO FORMS ABD 215 AND ABD 216

REFERENCE:

This letter transmits to you the revised forms and instructions for the monthly statistical reports on Emergency Loans (Form ABD 215) and Adult Programs (Form ABD 216). A regular supply of these forms can be ordered through regular channels. The revised forms are to be used effective with the June report month.

The ABD 215 revisions pertain to Items 4 and 5 and to the corresponding instructions. The purpose of these revisions is to clarify the accounting for state payment of county reimbursement claims. It should also be noted that the Item 8 instructions have been expanded upon in an attempt to more accurately define this item.

The ABD 216 revisions are more extensive:

1. All counts involving restaurant meals have been eliminated, as counties are no longer responsible for certification under this program.
2. Under Part A, Item 5 has been changed to show only the total of cases pending at the end of the month. A new Item 6 asks for the length of time taken to dispose of requests for certification. These changes have been made to conform to the recent change in EAS Regulation Section 46-325.322.
3. Part B has been divided into two sections. A new reporting requirement in the first section concerns the number of applications pending from the preceding month (Item 1) and at the end of the month (Item 5). New reporting requirements in the second section include a breakdown of unmet shelter needs (Items 10a, 10b, and 10c) and the total number and money amount of any allowances which recipients returned or counties cancelled during the report month and which were counted as approved allowances in prior months (Item 11).

Please note that Item 7 is the sum of 7a and 7b and Item 10 is the sum of 10a, 10b, and 10c in the "Amounts" column only.

4. Part C has been divided into three sections. Section 2, dealing with monthly caseload movement (Items 7, 8, 9, and 10), is new. Section 3 deals with EVH redetermination data that previously had been requested under Part D (removed from the form).

Furthermore, that part of All-County Letter No. 75-121 requesting (under the heading Reporting Mechanism) a separate ABD 216 dealing with particular applications for EVH assistance is now rescinded.

All-County Letter No. 75-145 is also hereby fully rescinded. It is no longer necessary for the counties to send to the Department of Benefit Payments copies of Forms SSP5C or SSP5I.

Any questions regarding these reports should be directed to the Program Information Bureau at (916) 322-2230 or ATSS) 492-2230.

Sincerely,



GARY G. ADAMS  
Deputy Director

Attachments

cc: CWDA

26-215      EMERGENCY LOANS - MONTHLY STATISTICAL REPORT  
              (FORM ABD 215)

26-215

26-215.01    CONTENT

26-215.01

This report provides information concerning the Emergency Loan Program. It includes data regarding approval of loans, repayment of loans, loan reimbursement, and outstanding loans. (Reference: EAS 46-335)

26-215.02    PURPOSE

26-215.02

The purpose of this report is to provide the department with information on the operation of the Emergency Loan Program so that the Department of Benefit Payments is able to monitor changes in the magnitude of the loan program as well as the extent to which loans are not collectible.

26-215.03    DISTRIBUTION

26-215.03

Data from this report will be compiled for the Adult Program Management Branch, county welfare departments and other interested agencies and individuals.

26-215.04    DUE DATE

26-215.04

Reports are to be received in Sacramento not later than the 20th calendar day following the report month. Send the report to:

Department of Benefit Payments  
Program Information Bureau  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

26-215.10    INSTRUCTIONS

26-215.10

All money amounts should be reported to the nearest whole dollar.

1. Loans approved to date (cumulative, include Item 2) - Enter the number and dollar amounts of all loans approved by the county from the inception of the Emergency Loan Program through the report month. Thus, Item 1 entries will include Item 2 entries. Item 1 entries for the report month will usually be the sum of Item 2 entries and the corresponding Item 1 entries from the preceding month's report. If there is a difference, report correct data in Item 1 and explain discrepancies in a footnote. When a recipient is granted several loans, each loan will be included in Item 1, Column 1.

A loan is counted as approved when the recipient has presented a properly prepared and signed "Emergency Payment Referral" (Form SSP2) from the SSA District Office. The recipient presents a signed affidavit of non-receipt or loss of the SSI/SSP check, and promises to repay the loan (Form SSP3).

2. Loans approved this month - Enter the number and dollar amounts of loans approved during the month. If a cutoff date earlier than the last working day of the month is adopted for this report, the same date should be used for each month's report.
3. Details of loans approved this month - Classify each loan into one of the seven amount ranges, a through g, and enter resulting totals. Sum of entries 3a through 3g must equal entry in Item 2, Column 1.
4. Loans fully repaid to date (cumulative) - Enter the number and dollar amounts of all loans fully repaid from the inception of the Emergency Loan Program through the report month, classified as payments by recipients (4a) or state reimbursement (4b). Thus, entries in Item 4 will include corresponding data in Item 5a.

In the case of a fully repaid loan for which the recipient has made partial repayment and then defaulted, with the State completing the repayment, if the recipient has repaid half or more of the total loan, it should be counted as a loan fully repaid by the recipient (4a). Otherwise, it is counted as a loan fully repaid by the State (4b). Amounts repaid on a fully repaid loan, however, should be credited exactly according to source - the amount repaid by the recipient should be counted under 4a and the amount repaid by the State under 4b.

5. Loan repayments during the month, total - Enter the number and dollar value of loan repayments during the month, classified by whether or not the repayment fully repaid the loan (5a) or whether the loan was only partially repaid (5b), leaving an unpaid balance. For Item 5a, entries will reflect payment either by recipients or state reimbursement. As in Item 4, in the case of a loan fully repaid (during the particular month) for which the recipient has made partial repayment and then defaulted with the State completing the repayment, if the recipient has repaid half or more of the total loan, it should be counted as a loan fully repaid by the recipient (5a(1)). Otherwise, it is counted as a loan fully repaid by the State (5a(2)). Amounts repaid during a particular month on a fully repaid loan, however, should be credited exactly according to source - the amount repaid by the recipient during the month should be counted under 5a(1) and the amount repaid by the State during the month under 5a(2).

If a person makes more than one repayment during the month on a given loan, he should be counted only once. If an individual has more than one loan and repays one entirely and another partially, a repayment (and corresponding dollar amount) would be reported in Items 5a and in 5b.

When loan repayments are made on an installment basis, such repayments should be reported as in the following example, which assumes a \$75 loan repaid in three installments of \$25 each.

	<u>Item 4</u>	<u>Item 5a</u>	<u>Item 5b</u>
1st month			\$25
2nd month			\$25
3rd month	\$75	\$25	

6. Loans submitted to State for reimbursement to date - Enter the number and amount of loans for which claims for reimbursement have been submitted to the State since the beginning of the Emergency Loan Program, (include entries in Item 7). For those loans which have been partially repaid by the recipient prior to their submission to the State for reimbursement, enter only the amount which the county has requested to be reimbursed, not the amount of the original loan.
7. Loans submitted to State for reimbursement this month - Enter the number and amount of loans for which claims for reimbursement were submitted to the State during the report month. For those loans which have been partially repaid by the recipient prior to their submission in the current month to the State for reimbursement, enter only the amount which the county has requested to be reimbursed, not the amount of the original loan.
8. Loan balances outstanding, end of month - Enter the number of separate loans outstanding (not the number of persons owing on outstanding loans) and their dollar amounts. Classify each loan into one of the five time periods, a through e, and enter resulting totals.

Entries in Items 6 and 7 (Loans submitted to the State for reimbursement) or in Item 9 (Loans referred to district attorney) do not directly affect entries in Item 8 (Loan balances outstanding). In other words, submission to the State or referral to the district attorney does not, of itself, reduce the loan balance. When money is received by the county from State reimbursement or as a result of the district attorney's efforts, the loan balances are reduced accordingly, and the receipt is reflected as a loan repayment in Item 5a or 5b, depending on whether or not it fully repays the loan.

The entry in Column 1 will generally be the number of loans approved to date (Item 1, Column 1) minus the number of loans fully repaid to date (Item 4, Column 1). The entry in Column 2 will ordinarily be the sum of the amount of loans outstanding last month and the amount of loans approved this month minus the amount of loan repayments during this month (Item 8, Column 2 (last month) + Item 2, Column 2 - Item 5, Column 2).

9. Loans referred to District Attorney during month - Enter the number and dollar amount of all loans referred to the district attorney or other appropriate county officer during the report month. (This includes loans referred to the County Collection Unit.) The dollar amount to be reported is the original amount of the loan, less any repayments which may have been made, that is, the loan balance outstanding.

26-216 ADULT PROGRAMS - MONTHLY STATISTICAL REPORT (FORM ABD 216) 26-216

26-216.01 CONTENT 26-216.01

This report provides information on, (1) out-of-home care certifications, (2) special circumstance allowances and (3) excess value home allowances.

26-216.02 PURPOSE 26-216.02

Data collected through this report are needed by the Department's Adult Program Management Branch in its ongoing supervision of the adult programs.

26-216.03 DISTRIBUTION 26-216.03

Data from these reports will be compiled and released to the Social Security Administration, department program managers, county welfare departments and other interested agencies and individuals.

26-216.04 DUE DATE 26-216.04

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

Department of Benefit Payments  
Program Information Bureau  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

When data are unavailable, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data promptly as soon as available.

26-216.10 INSTRUCTIONS 26-216.10

26-216.11 PART A. REQUESTS FOR CERTIFICATION 26-216.11

This Part involves (1) counts of "SSI-Public Assistance Agency Information Request and Report" (Form SSA 8221) and (2) actions taken during the month as reflected on this form.

1. Pending from preceding month - Enter the number of requests for certification to SSA as to non-medical out-of-home care which were carried over (not disposed of) from the preceding month. Same as Item 5, prior month, or explain in a footnote.

2. Received during the month - Enter the number of requests for certification to SSA received during the report month.
3. Total on hand during the month - Enter the total number of requests for certification on hand during the month, the sum of the entries in Items 1 and 2.
4. Disposed of during the month - Enter the number of requests for certification disposed of during the report month. Item 4 is the sum of the entries in sub-items 4a, 4b and 4c.
  - 4a. Allowed, certified to SSA - Enter the number of requests for certification which were allowed during the month and certified to SSA, by completion and return of Form SSA 8221.
  - 4b. Denied - Enter the number of requests for certification for which the CWD determined the applicant could not be certified for special living arrangements, completed Form SSA 8221, and returned it to SSA.
  - 4c. Withdrawn or canceled - Enter the number of requests for certification which were, during the month, withdrawn by the applicant or canceled due to death of applicant.
5. Pending, end of month - Enter the number of requests for certification which were on hand (not disposed of) at the end of the report month. The entry is the difference between the entries in Item 3 and Item 4.
6. Length of time to dispose of requests reported in Item 4 - Classify each request reported in Item 4 by the length of time elapsed from the date that the request was received by the CWD to the date that final action was completed. Enter total counts in the appropriate sub-items, 6a through 6c.

## 26-216.12 PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (S.C.A.)

26-216.12

This Part involves (1) counts of Forms SSP 4A, "Application and Verification for Special Circumstances Allowance" covering applications for S.C.A. and approvals during the month and (2) cumulation of the approved dollar amounts (rounded to nearest dollar) shown on Form SSP 4A. (Reference: EAS 46-425)

## I. APPLICATIONS FOR S.C.A.

1. Pending from preceding month - Enter the number of applications for S.C.A. which were carried over (not disposed of) from the preceding month. Same as Item 5 prior month or explain in a footnote.
2. Received during the month - Enter the number of Forms SSP 4A completed by applicants and filed with the county welfare department during the month.
3. Total on hand during the month - Enter the sum of the entries in Items 1 and 2.

4. Disposed of during the month - Enter the number of Forms SSP 4A on which final action was taken during the month by CWD approval (4a), disapproval (4b), or withdrawal or cancellation (4c).
5. Pending, end of month - Enter the number of S.C.A. applications on hand (not disposed of) at the end of the report month. The entry is the difference between the entries in Item 3 minus Item 4.

## II. ALLOWANCES APPROVED, RETURNED/CANCELLED

6. Total approved - Because two or more types of S.C.A. payments may be approved on the basis of a single application, the Total for "Number of Cases" in this section will not necessarily agree with the number of approved applications reported in Item 4a. If an allowance for catastrophe includes both (a) household furniture and equipment and (b) clothing, it would be reported as an allowance in each of the Items 7a and 7b, but as one allowance in Item 7. Similarly, if an allowance includes household furniture and equipment, housing repairs under \$200, and unmet shelter needs for securing rental housing, it would be reported as one allowance in each of the Items 7, 7a, 8, 10 and 10b. Only under this procedure can correct line-item averages be computed.

Dollar amounts, reported in the "Amounts" column, are not duplicative and are readily assigned to the proper line-items. In the "Amounts" column for II, enter the sum of the amounts in Items 7, 8, 9 and 10. ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR.

7. Catastrophe - In the "Number of Cases" column, enter the net number of allowances approved for the two catastrophic circumstances identified in Items 7a and 7b. In the "Amounts" column, enter the sum of the amounts reported in Items 7a and 7b. (Reference: EAS 46-425.1)
  - a. Household furniture and equipment - Enter the number and amounts of allowances approved for household furniture and equipment. (Reference: EAS 46-425.11)
  - b. Clothing - Enter the number and amounts of allowances approved for clothing. (Reference: EAS 46-425.12)
8. Housing repairs - Enter the number and amounts of allowances approved for housing repairs under \$200. (Reference: EAS 46-425.21)
9. Moving expenses - Enter the number and amounts of allowances approved for moving expenses. (Reference: EAS 46-425.22)
10. Unmet shelter needs - In the "Number of Cases" column, enter the net number of allowances approved for unmet shelter needs identified in Items 10a, 10b, and 10c. In the "Amounts" column, enter the sum of the amounts reported in Items 10a, 10b, and 10c. (Reference: EAS 46-425.23)
  - a. Housing repairs over \$200 - Enter the number and amounts of allowances approved for housing repairs over \$200.



- b. Securing rental housing - Enter the number and amounts of allowances approved for securing rental housing.
  - c. Purchase of a home - Enter the number and amounts of allowances approved for purchase of a home.
11. Total returned/cancelled - In the event that during the report month the recipient returns or the county cancels an allowance of any type that has been counted as an "Allowance Approved" in any prior month it should be shown in Item 11. Enter the total number and amount of such returned or cancelled allowances. If a recipient returns or the county cancels only part of the allowance, count it as one allowance and count only the actual amount returned or cancelled. If the return or cancellation includes money from more than one type of allowance, count the actual number of allowances. For example, if the recipient returns or the county cancels money given for clothing (7b) and housing repairs over \$200 (10a), count it as two allowances.

## 26-216.13 PART C. EXCESS VALUE HOME ALLOWANCE

26-216.13

This part involves (1) counts of Form SSP 5, "Application and Statement of Facts for Assistance" and actions taken during the month as reflected on these forms, (2) the ongoing EVH caseload, and (3) the number of redeterminations due and completed in the month. (Reference: EAS 46-600)

## I. APPLICATIONS

Instructions for Items 1 through 6d are essentially the same as those for corresponding Part A, Items 1 through 6c, respectively, with the following exceptions:

- a. Part C refers to applications for excess value home allowance, not requests for certification;
- b. The columnar distribution in Part C refers to adult aid categories.

## II. CASELOAD

- 7. Cases brought forward from last month - Entry will equal Item 10 of prior months report or explain in a footnote.
- 8. Cases added - Enter the number of cases added to the caseload during the month. (Item 4a, this month.)
- 9. Cases discontinued - Enter the number of cases discontinued from the caseload during the month.
- 10. Cases carried forward to next month - Enter sum of Items 7 plus 8 minus 9.

## III. REDETERMINATIONS (REFERENCE: EAS 46-605)

Redeterminations due (scheduled) in a month but still pending completion at the end of the month are considered due the following month and are to be included in the count of those due (scheduled) in that month.

11. Due in month - Enter the number of redeterminations due (scheduled) to be completed during the report month.
12. Completed in month - Enter the number of redeterminations actually completed in the report month.

PROGRAM INFORMATION BUREAU  
DEPARTMENT OF BENEFIT PAYMENTS  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

# EMERGENCY LOANS - MONTHLY STATISTICAL REPORT

COUNTY		MONTH
ITEM	NUMBER (1)	AMOUNT (2)
1. Loans approved to date (cumulative, include Item 2) .....	_____	\$ _____
2. Loans approved this month .....	_____*	_____
3. Detail of loans approved this month:		
a. _____		\$ 0 - 50
b. _____		51 - 75
c. _____		76 - 100
d. _____		101 - 125
e. _____		126 - 150
f. _____		151 - 175
g. _____		176 - 200
<i>* Must equal the sum of Items 3a-3g</i>		
4. Loans fully repaid to date (cumulative, include Item 5a; also sum of a+b) .	_____	_____
a. By recipient .....	_____	_____
b. State reimbursement .....	_____	_____
5. Loan repayments during the month, total .....	=====	=====
a. Loans fully repaid (sum of 1+2) .....	_____	_____
(1) By recipients .....	_____	_____
(2) State reimbursement .....	_____	_____
b. Loans partially repaid .....	_____	_____
6. Loans submitted to State for reimbursement to date (include Item 7) .....	_____	_____
7. Loans submitted to State for reimbursement this month .....	_____	_____
8. Loan balances outstanding, end of month:		
TOTAL (sum of 8a through 8e below) .....	=====	=====
a. Less than 30 days .....	_____	_____
b. 30 - 59 days .....	_____	_____
c. 60 - 89 days .....	_____	_____
d. 90 - 119 days .....	_____	_____
e. 120 days and over .....	_____	_____
9. Loans referred to district attorney during month .....	_____	_____
PERSON TO CONTACT REGARDING THIS FORM		DATE
TELEPHONE		

PROGRAM INFORMATION BUREAU  
DEPARTMENT OF BENEFIT PAYMENTS  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

**ADULT PROGRAMS**  
**Monthly Statistical Report**

COUNTY	MONTH
--------	-------

**PART A. REQUESTS FOR CERTIFICATION - OUT-OF-HOME CARE**

1. Pending from preceding month.....	_____
2. Received during the month.....	_____
3. Total on hand during the month (1 + 2).....	_____
4. Disposed of during the month (a + b + c).....	_____
a. Allowed, certified to SSA.....	_____
b. Denied.....	_____
c. Withdrawn or canceled.....	_____
5. Pending, end of month (3 minus 4).....	_____
6. Length of time to dispose of requests reported in Item 4.....	_____
a. 13 working days or less.....	_____
b. 14-20 working days.....	_____
c. Over 20 days.....	_____

**PART B. SPECIAL CIRCUMSTANCE ALLOWANCES (S.C.A.)**

<b>I. APPLICATIONS FOR S.C.A.:</b>	
1. Pending from preceding month.....	_____
2. Received during the month.....	_____
3. Total on hand during the month (1 + 2).....	_____
4. Disposed of during the month (a + b + c).....	_____
a. Approved.....	_____
b. Disapproved.....	_____
c. Withdrawn or canceled.....	_____
5. Pending, end of month (3 minus 4).....	_____

**II. ALLOWANCES APPROVED, RETURNED/CANCELED**

	Number of Cases (1)	Amounts (2)
6. Total approved (sum of 7 through 10).....	_____	\$ _____
7. Catastrophe (*a + b, Col. 2 only).....	_____	_____ *
a. Household furniture and equipment..... (_____)	_____	_____
b. Clothing..... (_____)	_____	_____
8. Housing repairs (under \$200).....	_____	_____
9. Moving expenses.....	_____	_____
10. Unmet shelter needs (*a + b + c, Col. 2 only) .	_____	_____ *
a. Housing repairs over \$200..... (_____)	_____	_____
b. Securing rental housing..... (_____)	_____	_____
c. Purchase of a home..... (_____)	_____	_____
11. Total returned/canceled.....	_____	_____

PART C. EXCESS VALUE HOME PROGRAM (EVH)	Aged	Blind	Disabled
<b>I. APPLICATIONS:</b>			
1. Pending from preceding month .....	_____	_____	_____
2. Received during the month .....	_____	_____	_____
3. Total on hand during the month (1 + 2) .....	_____	_____	_____
4. Disposed of during the month (a + b + c) .....	_____	_____	_____
a. Approved .....	_____	_____	_____
b. Denied .....	_____	_____	_____
c. Withdrawn or canceled .....	_____	_____	_____
5. Pending, end of month (3 minus 4) .....	_____	_____	_____
6. Length of time to dispose of applications reported in Item 4:			
a. 30 days or less .....	_____	_____	_____
b. 31-45 days .....	_____	_____	_____
c. 46-60 days .....	_____	_____	_____
d. Over 60 days .....	_____	_____	_____
<b>II. CASELOAD:</b>			
7. Cases brought forward from prior month .....	_____	_____	_____
8. Cases added during the month (Item 4a) .....	_____	_____	_____
9. Cases discontinued during the month .....	_____	_____	_____
10. Cases carried forward to next month .....	_____	_____	_____
<b>III. REDETERMINATIONS:</b>			
11. Due in month .....	_____	_____	_____
12. Completed in month .....	_____	_____	_____
PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE	DATE REPORT PREPARED	